



Franklin County  
PLANNING & BUILDING CODES  
DEPARTMENT  
321 West Main Street  
Frankfort, KY 40601  
Phone: (502) 875-8701 Fax: (502) 875-8737  
www.franklincounty.ky.gov

## OFFICE USE ONLY

Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Payment Amt: \$ \_\_\_\_\_

\$.50 per sq ft. or \$35 min.

Receipt #: \_\_\_\_\_

Meeting: \_\_\_\_\_

## SIGN PERMIT APPLICATION

Date: \_\_\_\_\_

1. **Address of Sign Location:** \_\_\_\_\_

2. **Applicant Information:**

- Applicant/Business name: \_\_\_\_\_
- Mailing address: \_\_\_\_\_
- Phone #: \_\_\_\_\_ Owner of Property: \_\_\_\_\_
- Sign Contractor: \_\_\_\_\_
- Address: \_\_\_\_\_ phone # \_\_\_\_\_
- Franklin County Business License ☐ Yes ☐ No

3. **Site/Building Information**

- Linear footage of lot (along street): \_\_\_\_\_
- Width of bldg. facade(s) \_\_\_\_\_
- Width of tenant space to which sign(s) will be attached \_\_\_\_\_
- Floor area of building (1st floor only): \_\_\_\_\_ Bldg. height: \_\_\_\_\_

4. **Sign Specifications**

- Sign Type: ☐ Pole/Pylon ☐ Building Fascia ☐ Ground/Monument  
☐ Directional ☐ Special Purpose ☐ Projecting ☐ Temporary
- # of Existing Signs \_\_\_\_\_ Dimensions of each: \_\_\_\_\_
- # of Proposed Signs \_\_\_\_\_ Dimensions of each: \_\_\_\_\_
- Total Existing Square Footage of signs: \_\_\_\_\_ (not required for PC, PR, or PM)
- Total Proposed Square Footage of signs: \_\_\_\_\_
- Clearance below proposed sign: \_\_\_\_\_ Height of proposed sign \_\_\_\_\_
- Are any of the existing signs non-conforming? ☐ Yes ☐ No ☐ not known

### REQUIRED ATTACHMENTS:

- ☐ Sketch of proposed sign showing sign message and dimensions;
- ☐ Sketch showing sign placement on building facade, OR sketch of site showing sign location on property, with setback distances from property lines indicated (whichever is applicable).

APPLICANT'S SIGNATURE: \_\_\_\_\_

### FOR OFFICIAL USE ONLY

Permit # \_\_\_\_\_ Permit Fee: \_\_\_\_\_ Zone District: \_\_\_\_\_

Setback Requirements: Front \_\_\_\_\_ Side \_\_\_\_\_ Rear \_\_\_\_\_

Comments: \_\_\_\_\_

Planner Review: ☐ Approved ☐ Denied Name: \_\_\_\_\_ date: \_\_\_\_\_

Building Inspector Review (if applicable): ☐ Approved ☐ Denied initials \_\_\_\_\_ date \_\_\_\_\_

Electrical Inspector Review – Final: ☐ Approved ☐ Denied initials \_\_\_\_\_ date \_\_\_\_\_